

Death Rates

■ Injuries cause more deaths among adolescents than do natural causes¹. For the period 1996–97, nearly 14,000 adolescents died annually from injuries compared with about 5,000 adolescents who died from natural causes; that is, 73 percent of all deaths among adolescents 10–19 years of age were caused by an injury. The proportion of all deaths that were injuries increases with age from 47 percent at age 10 years to 81 percent at age 18 years.

■ Among male adolescents injury death rates exceeded natural cause death rates at each age 11–19 years (the rates were similar at 10 years of age), and the difference increased with age. Among male adolescents 19 years of age, the injury death rate was 12 times the rate of those 10 years of age. Compared with death rates for injuries, death rates for natural causes increased more slowly with age. Among male adolescents 19 years of age, the natural cause death rate was twice that of males 10 years of age.

■ Among female adolescents 10–12 years, death rates for natural causes exceeded those for injuries; the rates were similar at age 13 years, and for those 14–19 years of age injury death rates were higher than natural cause death rates. Injury death rates for female adolescents did not increase as consistently with age as did the rates for male adolescents.

■ The injury death rate for males 10–19 years of age was 2.7 times that for females, while for natural causes the death rate for males was 1.3 times the rate for females.

■ Among adolescents unintentional injuries comprised the majority of injury deaths, 57 percent among males and 74 percent among females. For both sexes, the proportion of unintended injury deaths declined with age, as homicide and suicide deaths increased with age.

■ The unintentional injury death rates increased with age, with a particularly large relative increase,

73 percent for males and 79 percent for females, between ages 15 and 16 years. Suicide and homicide rates for males also increased with age, more sharply for ages 10–15 years than for ages 16–19 years. Unlike the pattern for males, suicide rates for females 15–19 years did not increase.

■ Race and ethnicity specific death rates also increased with age. In 1996–97 injury death rates were higher for black and American Indian adolescents than for non-Hispanic white, Hispanic, and Asian and Pacific Islander adolescents. The higher rates for black adolescents were due to higher homicide rates at each age; striking disparities exist in homicide rates for black adolescents compared with other race and ethnic groups. Higher rates for American Indian adolescents were due to higher unintentional injury mortality as well as higher suicide rates especially among those 15 years of age and over. Death rates for natural causes were consistently higher for black adolescents and lower for Asian and Pacific Islander adolescents than for non-Hispanic and Hispanic adolescents.

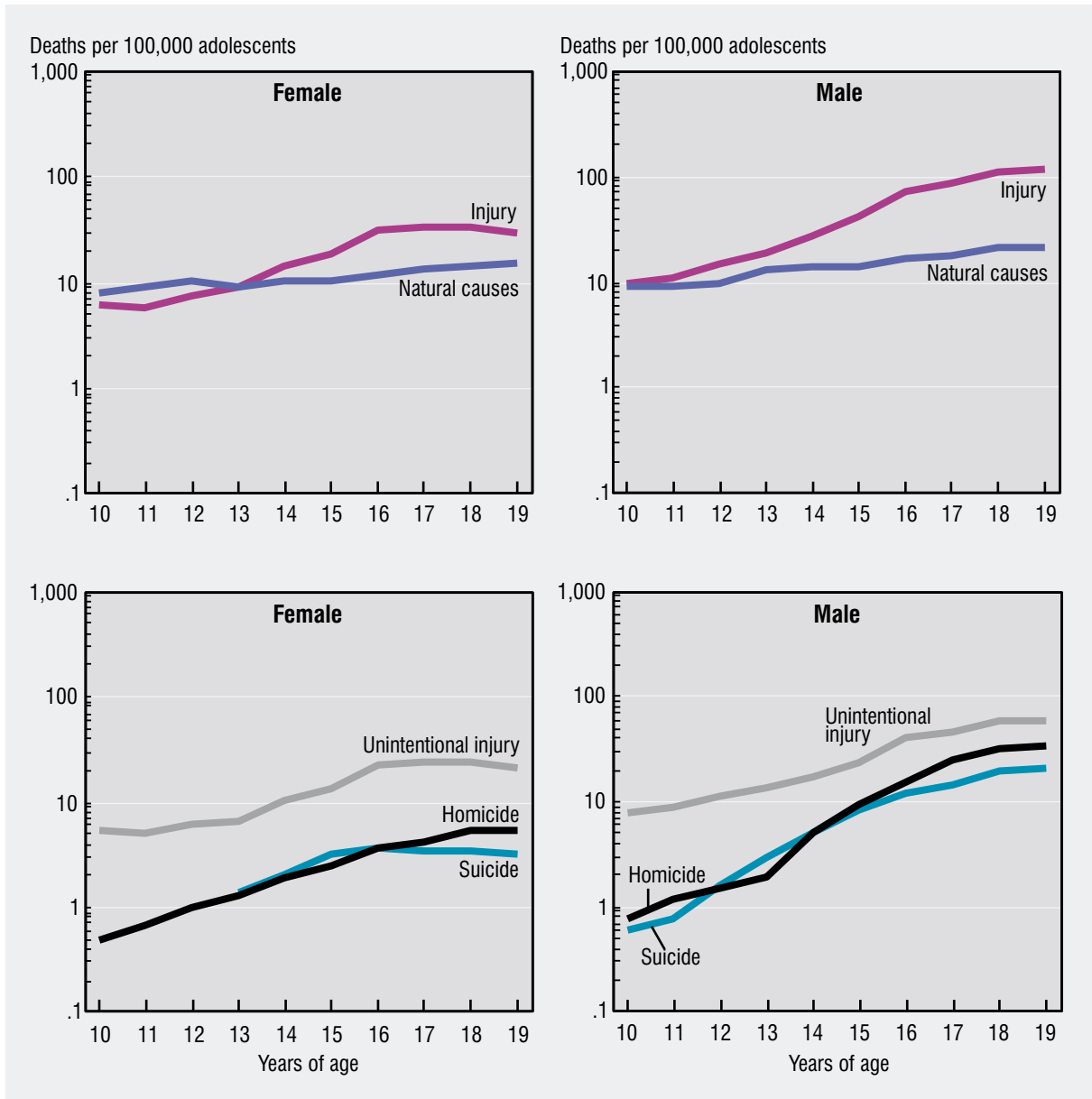
■ Healthy People 2010 has identified reduction of adolescent mortality as a critical adolescent objective. The objectives call for a reduction of death rates to 16.8 per 100,000 for adolescents 10–14 years of age and 43.2 per 100,000 for adolescents 15–19 years of age (1). Healthy People 2010 has specifically targeted the reduction of suicide and homicide rates as critical adolescent objectives.

¹ “Natural” is a term similar to “noninjury” that is used to categorize causes of death.

Reference

1. U.S. Department of Health and Human Services. Healthy People 2010 (Conference Edition, in Two Volumes). Washington: 2000.

Figure 16. Death rates for injury, by intent of injury, and natural causes among adolescents 10–19 years of age, by age and sex: United States, average annual 1996–97



NOTES: Suicide rates for females 10–12 years of age are unreliable and are not shown. Death rates are graphed on a log scale to clearly illustrate how rates change across the entire age span 10–19 years. See Technical Notes for discussion of cause of death coding. See also Appendix II, Cause of Death. See Data Table for data points graphed.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. See related *Health, United States, 2000*, tables 33, 45, 46, 47, and 48.